

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 2f

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: June 1, 1998

MEDICALLY NEEDY

3. Other Laboratory and X-Ray Services

- (1) Other laboratory and X-ray services when ordered and provided by or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his/her practice as defined by State law in the practitioner's office or outpatient hospital setting or by a certified independent laboratory which meets the requirements for participation in Title XVIII. For services above \$500.00 per State Fiscal Year for recipients age 21 and older, an extension will be provided if medically necessary. The following diagnoses are considered to be categorically medically necessary and do not require prior authorization for medical necessity: Malignant neoplasm (code range 140.0 through 208.91); HIV infection (code range 042.0 through 044.9) and renal failure (code range 584.5 through 586). All other diagnoses are subject to prior authorization before benefits can be extended.

The extension procedures do not apply for services provided to recipients under age 21 in the Child Health Services (EPSDT) Program.

- (2) Magnetic Resonance Imaging (MRI) and Cardiac Catheterization procedures are exempt from the extension procedures.

- (3) Portable X-Ray Services

Services are limited to the following:

- skeletal films involving arms and legs, pelvis, vertebral column and skull;
- chest films which do not involve the use of contrast media; and
- abdominal films which do not involve the use of contrast media.

Services may be provided to an eligible recipient in his/her place of residence upon the written order of the recipient's physician.

Portable X-ray services are included in the extension procedures.

- (4) Chiropractor X-Ray Services

- X-ray is limited to two (2) per State Fiscal Year (July 1 through June 30).

4.a. Nursing Facility Services - Not Provided

SUPERSEDED BY 96-06

A	
STATE	Arkansas
DATE REC'D	May 24, 1998
DATE AP'D	August 26, 1998
DATE EFF	June 1, 1998
HCF#	98-10

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Revised: September 1, 1999

MEDICALLY NEEDY

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.

- (1) No limitation on services within the scope of the program (except for consultations, and home health services) if services are EPSDT related. Extension of the benefit limit for consultations (2 per State Fiscal Year), home health services (50 visits per State Fiscal Year), physical therapy evaluations (1 per State Fiscal Year), occupational therapy evaluations (1 per State Fiscal Year), speech therapy evaluations (4 units per State Fiscal Year), and chiropractor X-ray services (2 per State Fiscal Year) will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.

In accordance with the current recommendations of the American Academy of Pediatrics, effective for claims with dates of service on or after September 1, 1999, the following schedule will apply for Child Health Services (EPSDT) medical screens. Childhood immunizations are a component of a Child Health Services (EPSDT) medical screen.

From birth through eleven (11) months of age, children may receive six (6) periodic screens in addition to the newborn screen performed in the hospital.

Children age twelve (12) months through twenty-three (23) months may receive three (3) periodic screens.

When a child has attained age two (2), the following schedule will apply. There must be at least 365 days between each screen listed below for children age 24 months through 20 years.

Age

24 months
3 years
4 years
5 years
6 years
8 years
10 years
11 years
12 years
13 years
14 years
15 years
16 years
17 years
18 years
19 years
20 years

STATE	<u>Arkansas</u>
DATE REC'D	<u>6-28-99</u>
DATE APP'D	<u>9-17-99</u>
DATE EFF	<u>9-1-99</u>
HCFA 179	<u>99-17</u>

SUPERSEDES: TN - 98-24

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SERVICES PROVIDED

Revised: June 1, 1998

MEDICALLY NEEDY

- 4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

HEARING

Age

Newborn to 5 years
5 to 6 years
6 to 7 years
7 to 8 years
8 to 12 years
12 to 16 years
16 to 18 years
18 to 21 years

Periodicity Schedule

One hearing screen
One hearing screen
One hearing screen
One hearing screen
One hearing screen
One hearing screen
One hearing screen
One hearing screen

VISION

Age

Newborn to 5 years
5 to 6 years
6 to 10 years
10 to 12 years
12 to 16 years
16 to 18 years
18 to 21 years

Periodicity Schedule

One vision screen
One vision screen
One vision screen
One vision screen
One vision screen
One vision screen
One vision screen

DENTAL

Age

Newborn to 12 months
12 to 24 months
2 to 3 years
3 to 4 years
4 to 5 years
5 to 6 years
6 to 7 years
7 to 8 years
8 to 9 years
9 to 10 years
10 to 11 years
11 to 12 years
12 to 13 years
13 to 14 years
14 to 15 years
15 to 16 years
16 to 17 years
17 to 18 years
18 to 19 years
19 to 20 years
20 to 21 years

Periodicity Schedule

One Dental Screen per State Fiscal Year
One Dental Screen per State Fiscal Year
One Dental Screen per State Fiscal Year
One Dental Screen per State Fiscal Year
One Dental Screen per State Fiscal Year
One Dental Screen per State Fiscal Year
One Dental Screen per State Fiscal Year
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One Dental Screen per State Fiscal Year

Arkansas	
STATE	A
DATE REC'D	May 20, 1998
DATE APP'D	July 29, 1998
DATE EFF	June 1, 1998
HCFA 179	918-07

918-33
SUPERSEDES: TN.

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April 1, 1990

- 4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

The State will provide other health care described in Section 1905(a) of the Social Security Act that is found to be medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, even when such health care is not otherwise covered under the State Plan.

STATE	<u>AR</u>	A
DATE REC'D	<u>6-29-90</u>	
DATE APPV'D	<u>7-27-90</u>	
DATE EFF	<u>4-1-90</u>	
HCFA 179	<u>90-33</u>	

Supersedes: None - New Page

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2000

MEDICALLY NEEDED

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(2) Apnea (Cardiorespiratory) Monitors

Apnea (cardiorespiratory) monitors are provided for eligible recipients in the Child Health Services (EPSDT) Program. Use of the apnea monitors must be medically necessary and prescribed by a physician. Prior authorization is not required for the initial one month period. If the apnea monitor is needed longer than the initial month, prior authorization is required.

(3) Child Health Management Services (CHMS)

CHMS services provide full medical multi-discipline diagnosis and evaluation for the purpose of early intervention and prevention for eligible recipients in the Child Health Services (EPSDT) Program. Services are provided in multi-disciplinary clinic settings and pediatric day program/intervention settings. Services are limited to the following components:

- audiology assessment
- behavior counseling and therapy
- intervention/treatment
- medical evaluation
- neuropsychology testing
- nutrition assessment
- occupational therapy/physical therapy
- psychiatric evaluation
- psychological
- social/emotional assessment
- speech and language pathology
- counseling and therapy

Effective for dates of service on or after September 1, 1999, CHMS diagnostic/ evaluation procedure codes are limited to two (2) per State Fiscal Year (July 1 through June 30). If the diagnostic/evaluation procedure codes are required for additional services, the CHMS provider must request an extension of the benefit limit. CHMS treatment requires prior authorization to determine and verify the patient's need for CHMS services. **Effective March 1, 2000, all CHMS treatment services will require prior authorization.** Two of the CHMS treatment procedure codes, Z1573 and Z1574, are limited to four (4) per State Fiscal Year (July 1 through June 30). Extension of the benefit limit will be provided if medically necessary.

STATE	Arkansas
D	46100
F	1725100
D	31100
HCPA	99-29

A

99-05

SUPERSEDES: TN -

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Revised: February 1, 1999

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(4) RESERVED

(5) Private Duty Nursing Services for High Technology Non-Ventilator Dependent Recipients

Services are limited to eligible Medicaid recipients in the EPSDT Program. Private duty nursing services for non-ventilator dependent recipients include patients requiring the following services:

- (1) Prolonged Intravenous Drugs
- (2) Parenteral Nutrition
- (3) Oxygen Supplementation
- (4) Tube Feeding (gastrostomy, naso/or gastric feedings)
- (5) Peritoneal Dialysis

These services require prior authorization. Services may be provided in the recipient's home, a Division of Developmental Disabilities (DDS) community provider facility or a public school. (Home does not include an institution.)

Refer to Attachment 3.1-A, Page 3d, Item 8 and Attachment 3.1-B, Page 4a, Item 8 for coverage information for private duty nursing services for ventilator-dependent recipients.

STATE	<u>Arkansas</u>
DATE FICD	<u>12-1-98</u>
DATE APPVD	<u>8-6-99</u>
DATE CH	<u>8-1-99</u>
HCFA 179	<u>98-25</u>

SUPERSEDES: TN - 97-08

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Revised: February 1, 1991
MEDICALLY NEEDY

- 4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

6. Cochlear Implants

Coverage of Cochlear implantation is limited to recipients in the EPSDT Program. This procedure requires a prior authorization.

STATE <i>Arkansas</i>	A
DATE REC'D <i>APR - 4 1991</i>	
DATE APPV'D <i>MAY - 9 1991</i>	
DATE EFF <i>FEB 1 1991</i>	
HCFA 179 <i>91-13</i>	

Supersedes: 90-16

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Revised: December 1, 1991

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and
Treatment of Conditions Found. (Continued)

(7) Dentures

**Dentures are provided to eligible Medicaid recipients in the Child Health Services
(EPSDT) Program with prior authorization from the Medical Assistance Section.**

(8) Hearing Aid Dealers

Supplies prescribed instrument after medical clearance and upon recommendation of
an audiologist to eligible recipients in the Child Health Services (EPSDT) Program.
Maintenance of instrument provided with prior approval from the Utilization Review
Section.

(9) Audiologist Services

Provision of audiometric testing and hearing aid evaluation to eligible recipients in the
Child Health Services (EPSDT) Program.

STATE	<i>Arkansas</i>	A
DATE REC'D	DEC 30 1991	
DATE ACTV	DEC 14 1992	
DATE EXP	DEC 01 1991	
HCFA ID#	91-59	

Supersedes TN 91-28

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Revised: July 1, 1991

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and
Treatment of Conditions Found. (Continued)

(10) Hearing Aids

The provision of hearing aids, accessories and repairs for eligible Medicaid recipients in the Child Health Services (EPSDT) Program with prior authorization from the Utilization Review Section. Hearing aid is limited to two appliances per six month period. With prior authorization, additional services may be provided if medically necessary.

(11) Eye Prostheses

Eye prostheses are provided for eligible Medicaid recipients in the Child Health Services (EPSDT) Program with prior authorization from the Medical Assistance Section.

(12) Densitization Injections

Limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.

STATE	ARKANSAS	A
DATE REC'D	JUL 07 1991	
DATE APP'VD	NOV 14 1991	
DATE EFF	JUL 07 1991	
HCPA BY	91-28	

Supersedes: 91-15; 90-48

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MEDICALLY NEEDY

December 1, 1991

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and
Treatment of Conditions Found. (Continued)

(13) Psychology Services

(1) **Services are limited to eligible Medicaid recipients in the Child Health
Services (EPSDT) Program.**

(2) Services must be provided by a licensed psychologist and prescribed by a
physician. Outpatient Psychology services are as follows:

- a. Diagnosis
- b. Diagnosis - Psychological Test/Evaluation
- c. Diagnosis - Psychological Testing Battery
- d. Interpretation of Diagnosis
- e. Crisis Management Visit
- f. Individual Outpatient - Therapy Session
- g. Marital/Family Therapy
- h. Individual Outpatient - Collateral Services
- i. Group Outpatient - Group Therapy

STATE	<i>Arkansas</i>	
DATE PAID	DEC 30 1991	
DATE REV	DEC 14 1992	
DATE EFF	DEC 01 1991	
HCFA 77	91-59	

Supersedes TN 91-28